

How to Enroll in the SHOP Marketplace for Employees

The online Small Business Health Options Program (SHOP) Marketplace is now open for employers with 100 or fewer employees. If you have SHOP Marketplace coverage, check with your employer to find out when it's time to renew or change your coverage on [HealthCare.gov](https://www.healthcare.gov).

If your employer is in a state that isn't running its own SHOP Marketplace, you'll use [HealthCare.gov](https://www.healthcare.gov) to enroll. Visit [HealthCare.gov/small-businesses/employees](https://www.healthcare.gov/small-businesses/employees) and select the state where your employer's primary address is located. Then, follow the steps below.

If your employer is in a state that's running its own SHOP Marketplace, follow your state's application process. To find the SHOP Marketplace in your state, visit [HealthCare.gov/small-businesses/employees](https://www.healthcare.gov/small-businesses/employees) and select your state from the drop down menu.

Create a [HealthCare.gov](https://www.healthcare.gov) account

If your employer is offering coverage through the SHOP Marketplace, you may get an email notice with a participation code. You'll use this information to view and respond to your employer's coverage offer. If you don't have an email address, your employer will get this information to you.

- Select **SEE HOW TO ACCEPT OR DECLINE**. On this page you'll learn how to accept or decline your employer's SHOP Marketplace coverage offer. To create a [HealthCare.gov](https://www.healthcare.gov) account, select this link: **If you don't have a [HealthCare.gov](https://www.healthcare.gov) account, create one.**
 - If you already have a [HealthCare.gov](https://www.healthcare.gov) account you created previously to apply for individual and family coverage, log into the same account to access the SHOP Marketplace. Skip to **Confirm eligibility** below to continue with these steps.

Note: If you think your employer is offering SHOP Marketplace coverage and you haven't gotten a notice with your participation code, contact your employer, not

the SHOP Marketplace. Your employer can provide your participation code. **There's nothing you can do here until you get the participation code.**

- **Enter your employee information.** On the **Create an account** page, you'll enter your name, email address, preferred password, and set up a few security questions. These questions will be helpful in case you forget your username and/or password and have trouble logging in.

Note: The create an account page is for all Marketplace users – individuals and families, small businesses, and small business employees.

Select **CREATE ACCOUNT**. Follow the instructions on the screen to verify your email address and start using the SHOP Marketplace.

Confirm eligibility

- **Log into your HealthCare.gov account.** Enter your username and password, review the **Terms & Conditions**, and then select **I ACCEPT**.
- **Select the employee application.** On the **WELCOME TO THE MARKETPLACE** page, select **VISIT EMPLOYEE MARKETPLACE**.
- **Enter the SHOP participation code.** On the **My employer** page, enter the participation code given to you by your employer, and your Social Security Number (SSN) or an alternative number to your SSN given to you by your employer. You should do this even if you don't want coverage now, then select **VERIFY**. Select **Yes** to add the employer to your account.

Review coverage offer

On the **My employer page**, select **Begin** in the **Action** field to start reviewing your employer's coverage offer.

- **Accept or decline your employer's coverage offer.** You can return and change your response after viewing health plans.

If you accept the coverage offer, enter employee details, like mailing address and other contact information.

- **Add dependents.** If your employer is offering dependent coverage, select **ADD DEPENDENT(S)**.
- **Sign the enrollment application.** Enter your name in the box to sign the

application, then select **SAVE AND CONTINUE**.

If you decline the coverage offer, select the reason from the drop down menu.

- **Verify your decision to decline coverage.** Read and agree with the statements.
- **Sign the enrollment application.** Enter your name in the box to sign the application, then select **SUBMIT**. If you're declining coverage, no further action is required.

Select plan(s)

- **Review employer's health coverage.** The plan(s) you'll see are based on your employer's primary business address. Select **View plan details** to see plan details, like copayments, laboratory and outpatient services, medical devices, emergency care, and inpatient hospital services. If your employer is offering you a choice of plans, you'll see a list of plans to compare.
 - **Compare plans.** If you have multiple plans listed, you can select up to 3 plans to compare side-by-side. Select the **Compare** checkbox for each plan you want to compare. Then, select **Compare plans**.
 - **Sort plans.** Select **Sort by** on the drop down menu to see your options.
 - **Filter plans.** You can use the menu listing on the left side of the the page to narrow your plan search based on certain criteria.
- **Select one health plan and one dental plan (if offered).** To choose plan(s) for you and your dependents, click **Select** next to the health plan information. Then, select **CONTINUE**.

Complete enrollment

- **Review plan selection(s) and cost.** Read the summary of your health and dental plan (if offered).
- **Confirm plan choice(s).** Select **CONFIRM** to submit your application.
- **Get a confirmation.** You'll get a confirmation letting you know that your application is complete. It includes a confirmation number that you should keep for your records.
- **View enrollment.** Select **Return to My enrollment** to view the details of your

enrollment.

- **Don't want to buy coverage?** Select **WAIVE**.
 - On the page that says **I'm declining this coverage offer**, select the health coverage you currently have or will have once your employer's coverage is effective. Then, select **WAIVE**.

If you have questions about the SHOP Marketplace or need help with the employee application, contact the SHOP Call Center at 1-800-706-7893, Monday through Friday from 9 AM – 7 PM ET. TTY users should call 711 to reach a call center representative.

For more information about the SHOP Marketplace, visit **HealthCare.gov/small-businesses**.

